


PROVIDER BULLETIN

No. 15-36

September 17, 2015

TO: DENTAL Providers Participating in the NE Medicaid Program
All Medicaid EDI Trading Partners

FROM: Calder A. Lynch, Director 
Division of Medicaid & Long-Term Care

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Medicaid IT Initiatives

RE: ICD-10 and Dental Claims

Please share this information with clinical, coding, billing, and IT staff.

This bulletin provides information about the impact of ICD-10 codes on dental paper and electronic claims submitted to Nebraska Medicaid.

Dental Claims (ADA or 837D)

Diagnosis codes are not currently required on dental paper (ADA) or electronic claims (HIPAA 837D) and will not be required with the implementation of ICD-10 on October 1, 2015.

Although not required, diagnosis codes submitted on electronic claims:

- Must be valid or the claim will be rejected,
- Must be ICD-9 for dates of service prior to October 1, 2015 regardless of when the claim is submitted,
- Must be ICD-10 for dates of service on or after October 1, 2015, and
- Must be on two separate claims if the dates of service span the ICD-10 compliance date so that the ICD-9 codes remain on one claim for dates of service prior to October 1, 2015 and ICD-10 codes remain on another claim for dates of service on or after October 1, 2015.

Questions?

Please submit questions about this bulletin or ICD-10 to: DHHS.ICD-10Implementation@nebraska.gov